

Ulster County Department of Health
Environmental Health Services
239 Golden Hill Lane
Kingston, NY 12401
(845) 340-3010

APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT

It is unlawful to operate any temporary food service establishment without a permit.

Name of Event: _____ Township of Event: _____

Address of Event: _____

Number of Event Operating Days: _____ (maximum 14 days per application/permit)

List each Date(s) of Operation: _____

Time food is to be served: Opening Time: _____ AM/PM Closing Time: _____ AM/PM

Name of Establishment: _____

Name of Operator: _____ Email: _____

Mailing Address: _____

Telephone Number: _____ FAX: _____ EIN: _____

Not-for-profit Operator: Yes _____ (Attach copy of proof of not-for-profit status) No _____

Food to be served: _____

Food to be obtained from: _____

* Equipment to be used: _____

* The use of Polystyrene Foam Disposable Food Service Ware by Food Service Establishments is not permitted in Ulster County.

Water Supply (Check One): Private: _____ *Sample Result Attached: Yes _____ No _____

Public: _____ Water System Name _____

* A satisfactory water sample during the same quarter of the year in which the event is operating must be submitted to the UCDOH or bottled water / bagged ice must be used.

The Undersigned applicant has received, read, understands, and agrees to operate the temporary food service establishment in complete compliance with Ulster County Sanitary Code, Article VI. The permit to operate a Temporary Food Service Establishment will be issued upon the completion of a satisfactory Ulster County Department of Health inspection report.

Signature of individual operator or authorized official _____

Print name of person signing _____ Date _____

FOR OFFICE USE ONLY

Permit Recommended: Yes _____ No _____ By _____

Date of Issue: _____ Expiration Date: _____ Risk: Low Medium High (circle one)

Permit Conditions: Single Service. Foods listed on "Food to be served" line.